

FEB 14 2007

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# Fax

**To:** Examiner Matthew John Kaszlejna  
Art Unit: 3739

**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533

**Fax:** 571-273-8300

**Pages:** 15

**Phone:** 571-272-6086

**Date:** February 14, 2007

**Re:** USSN: 10/764,892  
Our Docket: 17376

**CC:**

## RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on February 14, 2007:

1. Response W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission

**Applicants:** Tsutomu Okada

**Serial No.:** 10/764,892

**For:** DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE  
SNARE, SNARE, AND METHOD OF ASSEMBLING THE MEDICAL  
INSTRUMENT SYSTEM

**Filed:** January 26, 2004

**Docket:** 17376

**Dated:** February 14, 2007

**TS:cm**

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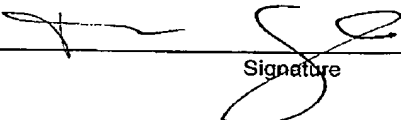
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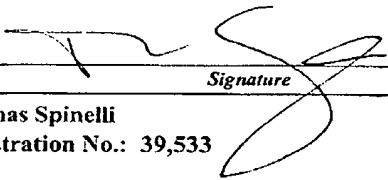
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>17376</b>	
Applicant(s): <b>Tsutomu Okada</b>						
Application No. <b>10/764,892</b>	Filing Date <b>January 26, 2004</b>	Examiner <b>Matthew John Kasztejna</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>9699</b>	
Invention: <b>DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM</b>						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
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INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
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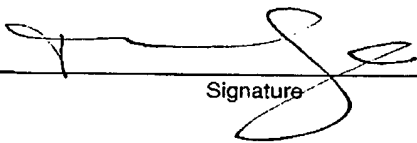
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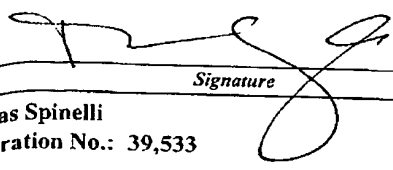
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Applicant(s): <b>Tsutomu Okada</b>						
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Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
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INDEP. CLAIMS	3	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature <b>Thomas Spinelli</b> Registration No.: 39,533			Dated: <b>February 14, 2007</b>			
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<b>Applicant:</b>	Tsutomu Okada	<b>Examiner:</b>	Matthew John Kasztejna
<b>Serial No:</b>	10/764,892	<b>Art Unit:</b>	3739
<b>Filed:</b>	January 26, 2004	<b>Docket:</b>	17376
<b>For:</b>	DIATHERMIC SNARE, MEDICAL INSTRUMENT SYSTEM USING THE SNARE, AND METHOD OF ASSEMBLING THE MEDICAL INSTRUMENT SYSTEM		
<b>Dated:</b>	February 14, 2007		

**Conf. No.:** 9699

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**RESPONSE**

Sir:


In response to the Official Action dated November 28, 2006, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

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Thomas Spinelli

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